

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/08/2022

APPLICANT(S)

4-27-10

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1			1			
2			1			
3			1			
4			2			
5			2			
6			2			
7			2			
8			2			
9			2			
10			2			
11			1			
12			1			
13			1			
14			2			
15			2			
16			2			
17			2			
18			2			
19			2			
20			2			
21			1			
22			1			
23			1			
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25			2			
26			2			
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45			2			
46			2			
47			2			
48			2			
49			2			
50		1				
TOTAL IND.			4			
TOTAL DEP.			26			
TOTAL CLAIMS			26			

*	*	*	*
IND.	DER.	IND.	DER.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			